## INDIVIDUAL RECORD OF WEIGHT CONTROL PROGRESS/COUNSELLING

NAME				RANK	SSN	DATE OF BIRTH	
DATE/PLACE OF WEIGHT REDUCTION PROGRAM				PRESCRIBED WEIGHT LOSS PER MONTH/NUMBER OF MONTHS AUTHORIZED ON PROGRAM			
DATE INDIV			F PROGRAM	DATE C	F NEXT PROGRESS TION	HEIGHT (IN ")	
4	•	TOTAL ¶		4		1	
DATE 1 DD-MM-YY 1	# # # # # # # # # # # # # # # # # # #	LBS. ¶ LOST ¶ SINCE ¶ LAST ¶ MONTH ¶ ¶ ¶ ¶ ¶ ¶ ¶ ¶ ¶ ¶ ¶	PERSON WH	0F ¶ OF ¶ O ¶ EIGHT ¶	UNIT COMMANDER'S SIGNATURE AT TIME OF COUNSELLING OF INDIVIDUAL		
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REMARKS: